

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 220 S. Main Street, Bel Air, MD 21014 410-638-3305

FOR OFFICE USE ONLY License No						
Date Applied						
Expiration Date						
New Renewal						
Application Fee						
Vehicle Fee						

TOWING BUSINESS LICENSE PROCEDURES

T		W AREA # R MULTI TOW AREAS/1	 							
1.	Complete attached application. <u>A ce</u> completed no more than 12 months prior	rtified copy of a Departme	nt of Transportation (DOT) inspection,							
2.	• Insurance – SUBMIT CERTIFICATE OF INSURANCE reflecting a minimum of \$100,000/\$300,000/\$100,000 per Harford County Code §237-7. Must include ONHOOK & CARGO INSURANCE (Minimum - \$75,000).									
3.	3. Zoning Approval is needed for all <u>new applicants or for a new address</u> . Must be approved and dated below by the Department of Planning and Zoning (410-638-3103).									
4.	4. New Applicant – return completed application, \$100 application fee, required forms and signatures to DEPARTME OF INSPECTIONS, LICENSES AND PERMITS, 220 S. MAIN STREET, BEL AIR, MD 21014. Renewal applicants masend \$50 license fee per towing vehicle along with completed renewal application.									
5.	5. Department of Inspections, Licenses and Permits shall forward the completed application to the Sheriff's Office for investigation and inspections.									
6.	 Applicant will be notified by Department of Inspections, Licenses and Permits of approval/disapproval. If application i approved, applicant shall <u>pay a license fee of \$50 per towing vehicle</u>, covering license for the current calendar year. 									
7.	7. Licensee shall be provided with a decal fo Permits.	Licensee shall be provided with a decal for each towing vehicle by the Department of Inspections, Licenses and Permits.								
8.	8. Renewal towing applications shall be mail they will be treated as a new application (st be returned by the stipulated date otherwise							
9.	9. Application shall be signed by the owner opresident of the corporation.	of the towing business or if to	ving business is a corporation, by the							
	*****	****FOR OFFICE USE ONL	/ *******							
TC	TOW AREA(S)#		Multi Areas/One Tow Lot							
ZC	ZONING APPROVAL	Original App. Date:	Current Date:							
ΑC	ADDRESS:									
SH	SHERIFF'S OFFICE RECOMMENDATION: API	PROVAL D	ISAPPROVAL							
ΑF	APPROVED BY:		DATE:							
	TE DICARROVED DEACON									

HARFORD COUNTY GOVERNMENT

Department of Inspections, Licenses and Permits

HARFORD COUNTY TOW SERVICE APPLICATION			Firm/Business Name					
Business Add	lress			Mailing Address	;			
		State	Zip Code	City	State	Zip Code		
Telephone No.				Business Hours				
Day	Nig	ght						
Owner's Name (La	ast, First, Middle	e)		Manager's Name (Last, Fi	rst, Middle)			
Date of Birth		Home Telep	phone No.	Date of Birth	Home Tele	Home Telephone No.		
Home Address				Home Address				
City		State	Zip Code	City	State	Zip Code		
Driver's License No.			State	Driver's License No.	Driver's License No.			
Truck Operator's I	Name (Last, Fi	rst, Middle)		Truck Operator's Name (Last, First , Middle)			
Date of Birth Home Telepho			phone No.	Date of Birth Home Telephone No.				
Home Address				Home Address				
City		State	Zip Code	City State		Zip Code		
Driver's License No.			State	Driver's License No.		State		
		SERV	TICES PROVIDE	D OTHER THAN TOWIN				
Fuel	Gasoline	[] Yes [] I			pane [] Yes [] No		
Tires – Sales	Automobi	le [] Yes [] No	Truck [] Yes [] No			
Tires – Repair	Automobi	le [] Yes [] No	Truck [] Yes [] No			
Motor Repairs	Includes	radiator hoses	, fan belts, batte	ries, etc. [] Yes [] No			
Road Service	Change fl	at tires and m	ninor repairs alon	g the roadside [] Yes	[] No			
	METHODS	OF PAYMEN	IT/ROAD SERV	ICE AGENCIES/CREDIT	CARDS ACCEPT	ED		
		Discover [] American Exp					

HARFORD COUNTY GOVERNMENT

Department of Inspections, Licenses and Permits Business/Storage Facility

Storage Facility Location (minimum fence height-8 ft.) (minimum of					apacity-10 v	ehicles):	V	ehicle Capacity	
Security: [[] Fence	[]	Dogs	[] Al	arm [] (Other			
REGULATION AND LICENSURE									
					and business				
ordinances?							[] Yes	[] No	
					er, recycler or	2			
				or venic	le Administratio	n?	[] Voc	ГЛМо	
(Submit copy Do you comp				one ac r	roquired by		[] Yes	[] No	
Article 27, Se							[] Yes	[] No	
					l oil and other		[] IES	[] NO	
vehicle fluids		cilities for	Storing w	aste rue	i on and other		[] Yes	[] No	
	-						[]		
		(I IST FAC		OWING VEH		RMATION)		
Are all towing	a vehicles r			[]			Amount of Cover	age	
					NHOOK/CARGO			-9-	
included					,				
Vehicle Year		Make			Serial No.		Tag No.		State
Type: []I	Roll Back	[]B	oom	[] Oth	ner		GVW Rating		
Vehicle Year		Make			Serial No.		Tag No.		State
Type: []I	Roll Back	г Г 1в	oom	[] Oth	ier		GVW Rating		
Vehicle Year		Make		<u> </u>	Serial No.		Tag No.		State
Vernere rear		i idito			Schai Hoi		lag ito:		
Type: [] I	Roll Back	 []B	oom	[] Oth	l ner		GVW Rating		
17pc. [] .	Iton Back			[] 00	101		- CVVV reading		
I solemnly s		•		sonal kr	nowledge and i	under the p	enalties of perj	ury, that	the foregoing
•									
I further understand that false statements on this application may result in denial or revocation of a Towing									
Business License pursuant to Section 237-2 of the Harford County Code.									
						,			
In consideration of the granting of this license, I agree that I will conform to and abide by all the rules and									
regulations of the Department of Inspections, Licenses and Permits and in accordance with the Harford County									
Code, Chapter 237 (Towing Businesses), as amended.									
30 a.s., 3. a.p		· · · · · · · · · · · · · · · · · · ·		,, a.c a.					
Name (please print)									
Harrie (pica	oc princ)								
Signature							Date		

HARFORD COUNTY GOVERNMENT

Department of Inspections, Licenses and Permits Use for Additional Operators and Towing Vehicles

	USC IUI Au		perators and r	owning venic	103			
Truck Operator's Name (La	ast, First, Middle)		Truck Operato	Truck Operator's Name (Last, First, Middle)				
Date of Birth Home Telephon		hone No.	Date of Birth		Home Telephone No.			
Home Address			Home Address	Home Address				
City	State	Zip Code	City	State		Zip Code		
Driver's License No.		State	Driver's Licens	er's License No.		State		
Truck Operator's Name (La	ast, First, Middle)		Truck Operato	Truck Operator's Name (Last, First, Middle)				
Date of Birth	Home Telep	Home Telephone No.		Home Teleph		hone No.		
Home Address			Home Address	Home Address				
City	State	Zip Code	p Code City		State	Zip Code		
Driver's License No.	State	Driver's Licens	Driver's License No. State					
		TOW	ING VEHICLES			,		
			ROVIDING ALL IN	NFORMATION)				
Are all towing vehicles pubmit a CERTIFICAT	=	ce included	Amount of	Coverage				
Vehicle Year	Make	Sei	rial No.	Tag No.		State		
Type: [] Roll Back	[] Boom	[] Other		GVW Rati	ng			
Vehicle Year	Make	Sei	rial No.	Tag No.		State		
Type: [] Roll Back	[] Boom	[] Other		GVW Rati	W Rating			
Vehicle Year	Make		rial No.	Tag No.		State		
Type: [] Roll Back	[] Boom	[] Other		GVW Rati	ng			

Towing vehicles must comply with the following:

Tow Truck Registration: Transportation Article 13-920

Minimum Standards for Equipment: Transportation Article 23-104

Amber Lights: Transportation Article 22-218.2

Fuel Tax Permits (if applicable): Article 81, Section 423

Miscellaneous items for compliance with Transportation Article 21.1111c:

Shovels, Heavy Duty Boom, Fire Extinguisher, Absorbent, Disposable Plastic Bags, Receptacle for Debris, Flood Lights to illuminate scene at night.